

## **RIGHT TO PRIVACY ACT RELEASE FORM**

United States Senator Daniel K. Akaka has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to his office. In accordance with the Privacy Act of 1974 (5 U.S.C. 552a), I give Senator Akaka authority to act on my behalf.

Name:

Signature:

Date of Birth (mm/dd/yyyy):

Social Security Number (SSN):

Telephone number(s):

**Please send or fax completed form  
and supporting documents to:**

Senator Daniel K. Akaka  
300 Ala Moana Boulevard, Suite 3-106  
Box 50144  
Honolulu, HI 96850

Fax: (808) 545-4683

Do you currently have a case pending before a state or federal court pertaining to this matter?

YES:\_\_\_ NO:\_\_\_ (Check one)

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### **U.S. Senator Daniel K. Akaka**

**Washington:** 141 Hart Senate Office Building, Washington, DC 20510 (tel) 202-224-6361 (fax) 202-224-2126  
**Honolulu:** 300 Ala Moana Blvd., Ste. 3-106, Box 50144, Honolulu, HI 96850 (tel) 808-522-8970 (fax) 808-545-4683  
**Website:** [www.akaka.senate.go](http://www.akaka.senate.go)

## CASEWORK INFORMATION

Name: (Mr./Ms.) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please provide the following information if applicable to your request:**

## ACTIVE MILITARY AND VETERANS

ID Number: \_\_\_\_\_ Branch and Dates of Service: \_\_\_\_\_

**IMMIGRATION** (Attach a copy of Receipt Notice from U.S. Citizenship and Immigration Services if available)

Receipt Number: \_\_\_\_\_

Petitioner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

### Description of Request:

[illegible]